TT

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS RECEIVED

Ends	F Tapla Jr.	THOMAS G. BRUTON
		CLERK, U.S. DISTRICT COURT
		-
	ve the full name ntiff or plaintiffs in	-
	vs.	1:16-cv-7737 Judge John J. Tharp, Jr.
Cock o	county potos	Magistrate Judge Mary M. Rowland
Thomas	1 Tout	
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(D)		
defendants i	e the full name of ALL n this action. Do not	
use "et al.")	a uno decion. <u>Do not</u>	
CHECK ON	NE ONLY:	
	COMPLAINT UNDER TU.S. Code (state, county,	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
	COMPLAINT UNDER T 28 SECTION 1331 U.S. (	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
	OTHER (cite statute, if kr	nown)·
BEFORE FILING." F	LLING OUT THIS COMPL FOLLOW THESE INSTRUC	AINT, PLEASE REFER TO "INSTRUCTIONS FOR CTIONS CAREFULLY.

I.	Pla	aintiff(s):
	A.	Name: Fros F Taplm JC.
	B.	List all aliases:
	C.	Prisoner identification number: A60561 20150515076
	D.	Place of present confinement: (call cantes (soc)
	E.	Address: 2700 California Aue Chicago, I
	Hull	there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. ober, place of confinement, and current address according to the above format on a parate sheet of paper.)
П.	(In posi	<b>Sendant(s):</b> A below, place the full name of the first defendant in the first blank, his or her official ition in the second blank, and his or her place of employment in the third blank. Space two additional defendants is provided in <b>B</b> and <b>C</b> .)
	A.	Defendant: Coch courty Thomas J. Dart  Elos F-Taplin Jr. Plantike US:  Title: Ex coch courty (Doc) Thomas J. Dart
		Place of Employment: Richard J. Nales Center
	B.	Defendant:
		Title:
		Place of Employment:
	C.	Defendant:
		Title:
		Place of Employment:

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

cou	t ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or feder rt in the United States:
A.	Name of case and docket number:
В.	Approximate date of filing lawsuit: 7-15-16
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants: Cach Canty Thomas J. Darf
E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):
F.	Name of judge to whom case was assigned:
G.	Basic claim made:
Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
I	Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

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Amended Complaint Attacked

I am sending the complete greater places to show part.

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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ш.		ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal rt in the United States:			
	A.	Name of case and docket number:			
	В.	Approximate date of filing lawsuit:			
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:			
	D.	List all defendants:			
	E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):			
	F.	Name of judge to whom case was assigned:			
¥	G.	Basic claim made:			
	H.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):			
	I.	Approximate date of disposition:			

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

about my Classification I was told in properly flaced and that I was a max clair Alcaston When lever gree arand me were Fighting 50 - 100 years to life I want understand why I had to sky to max. Eventually Or - g and Dr-1 over to max Dru +0. Some Innates From Supermax come to one of the Herr I was on In Dov 10-2B were after a period of the Hambeling on the Same Her Some gang members sumped on me in the swash from grea but & managed to get out after taking one hit to my NEW temple. I told the cay and more that I get hit In the temple and Polt disen I seen medical and was sent to I-A Jasked It & could be mared to a better DIU and told the Crus and Sargents that I did not belong in DIVIO maximum security and fam 1-0 I went to protective Constidy because the gong members par out a hit on me meaning Sending semenne At they Can't get to me to do their disty work. I also Wicke emergency strengers to set out of the maximum Security building. I was 5 not a trauble maker and my case really being a misdement I did not deserve to be left in maximum security. These incidents

V.	Relief:	
	no cases or statutes.	what you want the court to do for you. Make no legal arguments. Cite
COI	mpensater do	mager for the amount of 1,500,000
du	e to por an	A Suffering from Intentional Inflictions  1 stres and an other damages the
OF	Emotional d	istres and an other damages the
Cox	art deems	AL.
VI.	The plaintiff demand	s that the case be tried by a jury.   YES   NO
		CERTIFICATION
		By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
		Signed thisday of, 20
		(Signature of plaintiff or plaintiffs)
		(Print name) Fraple Th
		<u>Jessonso</u> 76 (I.D. Number)
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V -	Kel	HAT'

(Signature of plaintiff or plaintiffs)

Enos F Tapla Jr.

(Print name)

20150915076

(I.D. Number)

4920 nay cf.

Canty Clab Itals, It GA78

(Address)



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(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM** 

CONTROL# INMATE ID #

(Formulario de Queja del F	Preso)		
! THIS SECTION IS TO BE COMPLETED E	BY INMATE SERVICES STAFF C	NLY! (! Para ser llenado s	solo por el personal de Inmate Services !)
GRIEVANCE FORM PROCESSEL	AS:	REFERRED TO:	
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH	I SERVICES
GRIEVANCE		SUPERINTENDEN	ІТ:
NON-GRIEVANCE (REQUES	ST)	OTHER:	
	INMATE INFORMATION	(Información del Broce)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer I		INMATE BOOKING NUMBER (# de identificación del detenido)
Taplia	Encs		20150915076
DIVISION (División):	LIVING UNIT (Unidad):	0	DATE (Fecha):
INIMATE'S PRIFE	SUMMARY OF THE COMP	AINT (Prove Beauties de la	1-15-16
remedies exhausted, however, an inmate may request, or the response is deemed unsatisfac  Only one (1) issue can be grieved per form.  Un preso que desea llenar una queja, se le requi Las decisiones del Comité Disciplinario de los pre	ennot be grieved or appealed threferemined to be processed as a narre-submit the grievance issue at tory.  Justice and the grievance issue at tory.  Justice and the grievance issue at tory.  Justice and the grievance issue at tory.	ough the use of an Inmate Grie on-grievance request, it will n fter 15 days to obtain a "Contro días después del incidente. o Apeladas a través del uso del	evance Request/Response/Appeal Form.  of be assigned a control #, nor can it be appealed or oll Number" if there has been no response to the  Formulario de Quejas/Respuesta/Forma de Apelación. de los 15 días para recibir un "Numero de Control", ya
DATE OF INCIDENT (Fecha Del Incidente) TIME OF	INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF I	NCIDENT (Lugar Específico Del Incidente)
1-16 11	7 - 0	M 1/2	
- 1 1 1	1-00 /m	10000	- 12
to don't have a	Max lase 1	wat to)	of How being Jurged
by some later hing	s and was	Sent to a	max Dallies they
are closing down at	- of a la	st of Advisi	and is making
Div-10-all max.	I an a	end in I	Doc I have a
Utolere en my backs	round a ass	inated batt	en well I did 3 715
ACTION THAT YOU ARE REQUESTING, THIS SECTION	MUST BE COMPLETED (Acción de	All Date Solicitado Esta soción	dela completarial Achbrily 59/50%
ACTION THAT TOO ARE REQUESTING, THIS SECTION	WIGST BE CONFEETED (Accion of	que esta soncitudo, Esta seccion	uebe completurse)
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the Robbeat no my	rest and Pue	a now ale	Whoffi I Capadast
to ruce bit Id	I I delint	have to and	wallot har This broks
	CE FORM MORE THAN 2 DAYS SII NITIAL TO ACCURATELY REFLECT		IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE
			O, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REC	INICIALES PARA SU		URE AND DATE: (Firma del Preso/Fecha):
(Nombre del personal o presos que tengan información:)	JARDING THIS CONFLAINT.	INVIATE SIGNAT	Tarelina
			GING STAFF USE OF FORCE, STAFF MISCONDUCT,
AND EMERGENCY GRIEVANCES. IF THE IN CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	OUS NATURE, THE SUPERINTEN	DENT MUST INITIATE IMMEDIATE ACTION.  DATE CRW/PLATOON COUNSELOR RECIEVED:
11. Jones	11.40	200	1-19-14
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:

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## COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

NMATE GRIEVANCE RESPONSE / APPEAL FORM	CONTROL#
Petición de Queja del Preso / Respuesta / Forma de Apelación)	11/2

(Fellolott de Gaeja del 11ese)	riespaesia / Forma de Apelaelony	14
All and the second second second second	INMATE INFORMATION (Información del Preso	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de identificación):
Taplia	1205	201000915076
CRIEVANCE	/ NON-GRIEVANCE (REQUEST) REFERRAL	
	THOSE INVOLVING AN IMMEDIATE THREAT TO THE WE	
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT		
CONTRACTOR OF THE CONTRACTOR		
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applical	ole):	Market and the second of the s
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /R	EQUEST TO (Example: Superintendent, Cermak Health services, Pers	sonnel): DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:		
INA	ANTE TAPLO 15 APPROPR	1Ax 17 < LA5311 180
A5	MALIMUM SPENIN	
PERSONNEL RESPONDING TO GRIEVANCE (Print):	GNATURE: DIV.	/ DEPT. DATE:
Carl Roston	and has	RIC 11 13 116
Superintendents of a division/unit must review a	all responses to grievances alleging staff use of for	ce. staff misconduct and emergency grievances
the state of the s	The state of the s	/DEPT. DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable	box): INMATE SIGNATURE (Firma del Preso):	DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:		(Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	X 1 32 70 1024	1,29,11
	- Almale retu	
INMATE'S R	EQUEST FOR AN APPEAL (Solicitud de Apela	ción del Preso)
* To exhaust administrative remedies	opposite must be made within 14 days of the de	
	s, appeals must be made within 14 days of the da	
* Las apelaciones tendrán que ser s	sometidas dentro de los 14 días; a partir que el pre todas las posibles respuestas administrativas.	eso recibió la respuesta para agotar
DATE OF INMATEIN DECLIFOR FOR AN ADDRESS. (F. )		
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha	de la solicitud del la apelación del detenido):	
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una ape	alacion):	
	'S ACCEPTANCE OF INMATE'S APPEAL?	Yes (Si) No
	nda por el administrador o/su designado(a)?	
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION	N (Decision o recomendacion por parte del administrador o / su desig	gnado(a)):
ADMINISTRATOR (Prop. )		
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):	SIGNATURE (Firma del Administrador o / su Designado	DATE (Fecha):
INMATE SIGNATURE (Firma del Preso):		DATE INMATE RECEIVED APPEAL RESPONSE:
		(Fecha en que el Preso recibio respuesta a su apelacion):



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(Oficina del Alguacil del Condado de Cook)

		)L#

INMATE ID#

(Formulario de Queja del Pre.				
! THIS SECTION IS TO BE COMPLETED BY		LY! (! Para ser llenado s	solo por el personal de	Inmate Services !)
GRIEVANCE FORM PROCESSED A  EMERGENCY GRIEVANCE GRIEVANCE		REFERRED TO:  CERMAK HEALTH SUPERINTENDEN	I SERVI <b>CES</b>	
NON-GRIEVANCE (REQUEST)		OTHER:		
PRINT - INMATE LAST NAME (Apellido del Preso):  DIVISION (División):	INMATE INFORMATION PRINT - FIRST NAME (Primer Nor LIVING UNIT (Unidad):		INMATE BOOKING NUMB	ER (# de identificación del detenido)
10	) 1		1-	79-16
INMATE'S BRIEF SU	MMARY OF THE COMPLA	INT (Breve Resumen de l	os Hechos del Preso):	
<ul> <li>An inmate wishing to file a grievance is required to Inmate Disciplinary Hearing Board decisions cannot When a grievance issue is administratively deter remedies exhausted, however, an inmate may rerequest, or the response is deemed unsatisfactory.</li> <li>Only one (1) issue can be grieved per form.</li> <li>Un preso que desea llenar una queja, se le requiere Las decisiones del Comité Disciplinario de los presos Cuando una Queja se procesa como una QUEJAS No sea porque no hay una respuesta o porque la respuesdo una queja por formulario</li> </ul>	ot be grieved or appealed throumined to be processed as a non-submit the grievance issue aftery.  que lo haga dentro de los 15 días, no podrán ser cuestionadas o AO (PETICION), un preso podría re-	gh the use of an Inmate Grie -grievance request, it will no r 15 days to obtain a "Contro s después del incidente. Apeladas a través del uso del l	ot be assigned a control I Number" if there has b	#, nor can it be appealed or een no response to the spuesta/Forma de Apelación.
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCI	DENT (Hora Del Incidente)	SPECIFIC LOCATION OF II	NCIDENT (Lugar Específico	Del Incidente)
11-28-15	17:00	Din - 1	0-4/	
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Simile 1-15-1	6 + 900	here to Dil	10-76	-11-18-16.
in Still here.				
ACTION THAT YOU ARE REQUESTING, THIS SECTION ML	JST BE COMPLETED (Acción que	esta solicitado. Esta sección a	dehe completarce)	
	, , , , , , , , , , , , , , , , , , ,	esta sonertado, Esta sección e	rese completuise)	
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and if in alle to	so to mini	num of mee	Tim Celly	Hy
that I be sent there				
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE F DATE AND INITIA (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES Q	AL TO ACCURATELY REFLECT THI	DAY YOU CHOSE TO SUBMI  LA FECHA DESDE UN PRINCIPIC	T THE FORM.	
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARD (Nombre del personal o presos que tengan información:)			RE AND DATE: (Firma del Pr	eso/Fecha):
CURPONITE IN FAMILY AND A STATE OF THE STATE		Ences	laplin	
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVIS AND EMERGENCY GRIEVANCES. IF THE INMA	ION/UNIT MUST REVIEW AND S TE GRIEVANCE IS OF A SERIOUS	SIGN ALL GRIEVANCES ALLEG NATURE, THE SUPERINTEND	ING STAFF USE OF FORC	E, STAFF MISCONDUCT, MEDIATE ACTION.
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:	200		OON COUNSELOR RECIEVED:
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:	

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#### **COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

GRIEVANCE	Ż	Ś,	NON-GRIEVANCE	(REQUES	

CONTROL

(Petición de Queja del Preso	o / Respuesta / Forma de Apelación)		1/4
	INMATE INFORMATION (Información del P	reso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de ide	entificación):
lagles)	1-1005	×0/5	0915016
	E / NON-GRIEVANCE (REQUEST) REFERR		
(EMERGENCY GRIEVANCES AI CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLA	RE THOSE INVOLVING AN IMMEDIATE THREAT TO THE	WELFARE OR SAFET	Y OF AN INMATE)
Colle Class hear		<u> </u>	
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if app	licable):		
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE	//REQUEST TO (Example: Superintendent, Cermak Health services	s, Personnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:	A A A A A A	11.4	
		NS 11. 49 CW	<b>Y</b>
MACHUA SOS	UNIT WILL FEMALE		
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
CHING ARAND.	Carlo Ria	Arel	2111/6
Superintendents of a division/unit must revie	w all responses to grievances alleging staff use o	f force, staff miscon	duct and emergency grievances
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
			1111
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applica	ble box): INMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
GRIEVANCE SUBJECT CODE:			120 8 19
NON-GRIEVANCE SUBJECT CODE:			1 1/9
INMATE'S	REQUEST FOR AN APPEAL (Solicitud de A	pelación del Preso)	
* To exhaust administrative remed	lies, appeals must be made within 14 days of th	e date the inmate re	eceived the response.
	er sometidas dentro de los 14 días; a partir que e		
	todas las posibles respuestas administrativa	s.	
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fed	cha de la solicitud del la apelacion del detenido):		
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una	apelacion):	- Andrews	
	EE'S ACCEPTANCE OF INMATE'S APPEAL?  ptada por el administrador o/su designado(a)?	Yes (S	Si) No
AUMINIO PATON / DESIGNEE S DECISION ON RECOMMENDA	TION (Decision o recomendacion por parte del administrador o / su	designado(a)):	
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(		gnado(a)):	DATE (Fecha):
			1
INMATE SIGNATURE (Firma del Preso):			EIVED APPEAL RESPONSE: so recibio respuesta a su apelacion):
		(i cona en que el Pre	do respuesta a su aperación):
CN-48 (Rev. 09/14) WHITE COPY	- PROGRAM SERVICES YELLOW COPY - CRW	PLATOON COUNSELOR	PINK COPY - INMATE



### Caso K1 count of the companies of the country of th

(Oficina del Alguacil del Condado de Cook)

CONTROL#

INMATE ID#

SHERILY INMATE GRIEVA (Formulario de Queja			
! THIS SECTION IS TO BE COMPLE	TED BY INMATE SERVICES STAFF (	ONLY! (! Para ser llenado s	olo por el personal de Inmate Services !)
GRIEVANCE FORM PROCES	SSED AS:	REFERRED TO:	
EMERGENCY GRIEVAN	ICE	CERMAK HEALTH	SERVICES
GRIEVANCE		SUPERINTENDEN	Т:
NON-GRIEVANCE (REC	QUEST)	OTHER:	
	INMATE INFORMATIO	<b>N</b> (Información del Preso)	
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer		INMATE BOOKING NUMBER (# de identificación del detenido)
1901	Encs		20150511671
DIVISION (División):	LIVING UNIT (Unidad):	71	DATE (Fecha):
INMATE'S BE	RIEF SUMMARY OF THE COMP	LAINT (Breve Resumen de la	as Hechas del Presa):
An inmate wishing to file a grievance is re			
Inmate Disciplinary Hearing Board decision     When a grievence issue is administrative			vance Request/Response/Appeal Form.  It be assigned a control #, nor can it be appealed or
remedies exhausted, however, an inmate	e may re-submit the grievance issue a	fter 15 days to obtain a "Contro	Number" if there has been no response to the
<ul> <li>request, or the response is deemed unsate</li> <li>Only one (1) issue can be grieved per form</li> </ul>			
Un preso que desea llenar una queja, se le			
<ul> <li>Las decisiones del Comité Disciplinario de l</li> <li>Cuando una Queja se procesa como una Q</li> </ul>	os presos, no podrán ser cuestionadas UEJAS NO (PETICION), un preso podría	o Apeladas a través del uso del l re-someter una Queja después c	formulario de Quejas/Respuesta/Forma de Apelación. le los 15 días para recibir un "Numero de Control", ya
<ul><li>sea porque no hay una respuesta o porque</li><li>Sólo una queja por formulario</li></ul>	la respuesta es insatisfactoria.		
	E OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF IN	NCIDENT (Lugar Específico Del Incidente)
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11-25-15	12-00 pm	1111-10	-40
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Maximum Security	becase luens	ne in nax.	an Secretary
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my bord kept m	e In MAXIM	in Secusty	For a Rabberry
ACTION THAT YOU ARE REQUESTING, THIS SEC	TION MUST BE COMPLETED LASSIES	idse I tel	degrand S.1. 11-28
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I ask that wi	12 all due place	ds because	of mileso
due to not tree	ing safe becau	se in net	and busine and
Arins while the	houd Is dol	ne he sent	to a middle in Du stan
	VANCE FORM MORE THAN 2 DAYS SII ND INITIAL TO ACCURATELY REFLECT		IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE T THE FORM.
			, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS
NAME OF STAFF OR INMATE(S) HAVING INFORMATIO	INICIALES PARA SU	JMITIR SU FORMA)	
(Nombre del personal o presos que tengan información		INVIATESIGNATO	RE AND DATE: (Firma del Preso/Fecha):
		Mon	1 aglin
SUPERINTENDENT/DIRECTOR/DESIGNEE O AND EMERGENCY GRIEVANCES. IF T	F A DIVISION/UNIT MUST REVIEW AN HE INMATE GRIEVANCE IS OF A SERIC	ND SIGN ALL GRIEVANCES ALLEG DUS NATURE, THE SUPERINTEND	ING STAFF USE OF FORCE, STAFF MISCONDUCT, ENT MUST INITIATE IMMEDIATE ACTION.
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:		DATE CRW/PLATOON COUNSELOR RECIEVED:
CMy 1 4 Cen	T40	21	3-14-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:

#### Case: 1:16-cv-07737 Document #: 1 Filed: 07/29/16 Page 14 of 19 PageID #:14



FCN-48 (Rev. 09/14)

#### COOK COUNTY SHERIFF'S OFFICE

(Oficina o	del Alguacil del Condado de (	Cook)	GRIEVANCE	NON-GRIEVANCE (REQUEST)
NMAT	E GRIEVANCE RESPO	NSE / APPEAL FORM		CONTROL#
(Petición	de Queja del Preso / Respue	esta / Forma de Apelación)		1/12
	INMAT	E INFORMATION (Información del Pres		10/7
INMATE LAST NAME (Apellido del P.		<b>E INFORMATION</b> (Información del Preso FIRST NAME ( <i>Primer Nombre</i> ):	D) ID Number (# de ider	atificación):
TAPLIN	E	NO.5	20/3	50915076
		GRIEVANCE (REQUEST) REFERRAL		
(EMERGE CRW / PLATOON COUNSELOR'S SU		NVOLVING AN IMMEDIATE THREAT TO THE WE	ELFARE OR SAFETY	OF AN INMATE)
		330 / SECUMIT	TI Dance	du18
		They could be	19100	Ounc
IMMEDIATE CRW / PLATOON COUNS	SELOR RESPONSE (if applicable):		J'	
		/		
CRW / PLATOON COUNSELOR REFE	RRED THIS GRIEVANCE L/REQUEST T	O (Example: Superintendent, Cermak Health services, Per	rsonnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDL	010-10	, , , , , , , , , , , , , , , , , , , ,	3011101).	3/1/8/1/6
IN MITE	15 /100	15ED W17MW	415 0	CASSIFICATIO
	7	//		
PERSONNEL RESPONDING TO GRIE	VANCE (Print): SIGNATURE:	DIV	/DEPT.	DATE: 3 29
61.00	7/01	Min 1	10	
		nses to grievances alleging staff use of fo		uct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DE	SIGNEE (Print): SIGNATURE:	DIV.	/ DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJE	ECT CODE (Check applicable box):	INMATE SIGNATURE (Firma del Preso):	1 housest	DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT COL				(Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT	CODE:	Cara Ten		414111
	INMATE'S REQUES	T FOR AN APPEAL (Solicitud de Apela	eción del Prese)	
* To exhaust ad	ministrative remedies, appea	ls must be made within 14 days of the day	ate the inmate rec	eived the response.
* Las apelacio	ones tendrán que ser sometida	as dentro de los 14 días; a partir que el pre	eso recibió la resp	uesta para agotar
DATE OF INMATE'S REQUEST E		las posibles respuestas administrativas. icitud del la apelacion del detenido):	1 1	
		citud dei la apelación del deternido).	-//-	
INMATE'S BASIS FOR AN APPEAL (B	ase del detenido para una apelacion):			
			AND THE PROPERTY OF THE PARTY O	
ADMINIS	TRATOR / DESIGNEE'S ACCU	EPTANCE OF INMATE'S APPEAL?	Yes (Si	) No
¿ Apelació	in del detenido aceptada por e	el administrador o/su designado(a)?		
ADMINISTRATOR / DESIGNEE'S DECI	SION OR RECOMMENDATION (Decision	n o recomendacion por parte del administrador o / su desi	gnado(a)):	
/				
ADMINISTRATOR / DESIGNEE (Admin	istrador o / su Designado(e)):	SIGNATI IDE /Eirma dol Administrados a Lau Desimad	o(all):	DATE (Franks)
The state of the s		SIGNATURE (Firma del Administrador o / su Designado	J(a)).	DATE (Fecha):
NIMATE CLONES - TO THE CONTRACT OF THE CONTRAC				
NMATE SIGNATURE (Firma del Preso	):			VED APPEAL RESPONSE: o recibio respuesta a su apelacion):
				1 1

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

WHITE COPY - PROGRAM SERVICES



Cassek 1:00 Chryy OSHERIFE SCOPFFECTE #: 1 File 1:00 Pages - desconde 9 Regent D #:15 (Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE FORM (Formulario de Queja del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !) **REFERRED TO:** GRIEVANCE FORM PROCESSED AS: CERMAK HEALTH SERVICES EMERGENCY GRIEVANCE **GRIEVANCE** SUPERINTENDENT: NON-GRIEVANCE (REQUEST) OTHER: INMATE INFORMATION (Información del Preso) PRINT - INMATE LAST NAME (Apellido del Preso): PRINT - FIRST NAME (Primer Nombre): INMATE BOOKING NUMBER (# de identificación del detenido) DIVISION (División): LIVING UNIT (Unidad): DATE (Fecha): INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso): An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente) DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incidente) ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse) IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM. (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS **INICIALES PARA SUMITIR SU FORMA)** NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): (Nombre del personal o presos que tengan información:) SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. CRW/PLATOON COUNSELOR (Print): SIGNATURE: DATE CRW/PLATOON COUNSELOR RECIEVED: SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE

(FCN-40)(APR15)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE)



Casser 1:00 ontry CST/ERT FIP'S CONFERENTE! #: 1 File []: GRIE28V2E6 Pages-drieva indespression #:16 (Oficina del Alguacil del Condado de Cook) CONTROL# INMATE GRIEVANCE FORM (Formulario de Queja del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !) GRIEVANCE FORM PROCESSED AS: REFERRED TO: **EMERGENCY GRIEVANCE** CERMAK HEALTH SERVICES GRIEVANCE SUPERINTENDENT: \_\_\_\_\_ **NON-GRIEVANCE (REQUEST)** OTHER: **INMATE INFORMATION** (Información del Preso) PRINT - INMATE LAST NAME (Apellido del Preso): PRINT - FIRST NAME (Primer Nombre): INMATE BOOKING NUMBER (# de identificación del detenido) DIVISION (División): LIVING UNIT (Unidad): DATE (Fecha): INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso). An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving. Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form. When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory. Only one (1) issue can be grieved per form. Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente. Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación. Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria. Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico D	Pel Incidente)
3-11-16	4-30 Pm	011 10-28	
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out of this	maximum security Di	Willen was before	e 11is
hopopped I	belleve I was	belos set up be 6	11 Cect
Courty Sta Co	action 6661000	to to get me to	leond
and not bear	tong Case they 1	went of wish th	i judgo
liald Find me	- Sull 12 to Replace	, but he cont they	are wicest
ACTION THAT YOU ARE REQUESTING, TH	IIS SECTION MUST BE COMPLETED (Acción que est	a solicitado, Esta sección debe completarse)	ned charges.
I ack + h	e Sent to on?	Lullali Bhall	Macos
heraite and	ent it not the i	The becay to	41404
Perple it is	a 2 with no par	HARWE WATT	usi so te ca
	R GRIEVANCE FORM MORE THAN 2 DAYS SINCE W DATE AND INITIAL TO ACCURATELY REFLECT THE DA	RITING AND/OR DATING IT ORIGINALLY, YOU WILL AY YOU CHOSE TO SUBMIT THE FORM.	BE ASKED TO REVISE THE

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS **INICIALES PARA SUMITIR SU FORMA)** 

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT. AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

SIGNATURE:

SIGNATURE:

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

CRW/PLATOON COUNSELOR (Print):

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

**DATE REVIEWED:** 

DATE CRW/PLATOON COUNSELOR RECIEVED:

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GRIEVANCE

NON-GRIEVANCE (REQUEST)

#### COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

WHITE COPY - PROGRAM SERVICES

CONTROL#

(Petición de Queja del Preso /	/ Respuesta / Forma de Apelación)	CHOPAT	
	INMATE INFORMATION (Información del Pres	so)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de identificación):	
TAPLIN	ENOS	2015 0915096	
	/ NON-GRIEVANCE (REQUEST) REFERRA THOSE INVOLVING AN IMMEDIATE THREAT TO THE W		
	221		
	Jog Security	Moredune	
IMMEDIATE CRW / PLATOON COLINSELOR RESPONSE (if applica	able):	V	
CINO. ASP DETA	WEE GOES' hE NAN	i fic.	
CDW / DLATOON COLINSELOR REFERRED THIS GRIEVANCE //	REQUEST TO (Example: Superintendent, Cermak Health services, Po	Personnel): DATE REFERRED:	
RESPONSE BY PERSONNEL HANDLING REFERRAL:	to the state of th	1/2	
RESPONSE BY PERSONNEL PRINCE THAT UII	mently housed in	PRUTECTIVE CUSTOCK	4
SINCE 531-16			
DEPOCALIES DECEMBER TO OPIE MANCE (Print)	SIGNATURE: DI	IV. / DEPT. DATE:	
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	IV./DEPT. DATE:	0
Superintendents of a division/unit must review	all responses to grievances alleging staff use of f	force, staff misconduct and emergency grievanc	es.
	THE STATE OF THE S	IV. / DEPT. DATE: 16 16	
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable	e box): INMATE SIGNATURE (Firma del Preso):	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibio	da):
GRIEVANCE SUBJECT CODE:	- V	24 3 3 4 7	
NON-GRIEVANCE SUBJECT CODE:	- Comment	Colon State of the	
_ INMATE'S F	REQUEST FOR AN APPEAL (Solicitud de Ape	elación del Preso)	
* To exhaust administrative remedie	es, appeals must be made within 14 days of the	date the inmate received the response.	
* Las apelaciones tendrán que ser	r sometidas dentro de los 14 días; a partir que el p todas las posibles respuestas administrativas.		
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fech.	a de la solicitud del la apelacion del detenido):		
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una aj	pelacion):		
		Yes (Si) No	
¿ Apelación del detenido acep	E'S ACCEPTANCE OF INMATE'S APPEAL? tada por el administrador o/su designado(a)?		
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION	ION (Decision o recomendacion por parte del administrador o / su de	esignado(a)):	
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):  SIGNATURE (Firma del Administrador o / su Designado(a)):  DATE (Fecha):			
		11	
INMATE SIGNATURE (Firma del Preso):		DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):	
		1	

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

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COOK COUNTY	•
SHERIFF	A

#### S OFFICE

de Cook)

中	GRIEVANCE		NON-GRIEVANCE	(REQUES
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COOK COUNTY .	COOK COUNTY SHERIFF' (Oficina del Alguacil del Condado d
SHERIFE	INMATE GRIEVANCE RESI

		CONTROL#	
20	16	2832	

(Petición de Queja del Preso / Re.	spuesta / Forma de Apelación)	201	62832
INI	MATE INFORMATION (Información del	TO SHARE THE PARTY OF THE PARTY	
INMATE LAST NAME (Apellido del Preso): INM	MATE FIRST NAME (Primer Nombre):	ID Number (# de ide	entificación):
	ON-GRIEVANCE (REQUEST) REFER		
(EMERGENCY GRIEVANCES ARE THO CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:	OSE INVOLVING AN IMMEDIATE THREAT TO TH	HE WELFARE OR SAFET	Y OF AN INMATE)
The state of the s	230/ SECULTE	1 Damor	1445
		A THE	unc
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):			
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQU	EST TO (Example: Superintendent, Cermak Health service	es, Personnel):	DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:	coording to cla	issification	V DIV 10
15 Modium and n	Jaximum. Soarche	s condu	cted as
PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNA	ONLY ITEMS TAK	DIV./DEPT.	ONES NOT ALLO
Lt.MGel -	A	10	DATE: 4/15/16
Superintendents of a division/unit must review all re	esponses to grievances alleging staff use	of force, staff miscon	duct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNA	TURE:	DIV. / DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):	INMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:			(Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	Chos line	4	4114116
INMATE'S REQ	UEST FOR AN APPEAL (Solicitud de /	Apelación del Preso)	
* To exhaust administrative remedies, ap	opeals must be made within 14 days of t	he date the inmate re	ceived the response.
* Las apelaciones tendrán que ser som to	netidas dentro de los 14 días; a partir que odas las posibles respuestas administrativ	el preso recibió la res	puesta para agotar
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la			
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacio	nn):		
ADMINISTRATOR / DESIGNEE'S A	ACCEPTANCE OF INMATE'S APPEAL?	Yes (S	Si) No
¿ Apelación del detenido aceptada	por el administrador o/su designado(a)?		
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (De	ecision o recomendacion po <mark>r</mark> parte del administrador o / s	su designado(a)):	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):	CICNATURE (Firms Jul Asia)		
Commission (1 Su Designado(a)):	SIGNATURE (Firma del Administrador o / su Des	signado(a)):	DATE (Fecha):
NMATE SIGNATURE (Firma del Preso):		DATE INMATE DECE	IVED APPEAL RESPONSE:
			so recibio respuesta a su apelacion):

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WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE

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FCN-48 (Rev. 09/14)

## COOK COUNTY SHERIFF'S OFFICE (Officina del Alguacil del Condado de Cook)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

WHITE COPY - PROGRAM SERVICES

	RESPONSE / APPEAL FORM  O / Respuesta / Forma de Apelación)	2001	6×4437
	INMATE INFORMATION (Información del F	Preso)	
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST NAME (Primer Nombre):	ID Number (# de iden	tifficación):
CRIEVANC	E / NON CRIEVANCE (PEOLIEST) PEEER	PAL & PESPONSE	00/150/6
(EMERGENCY GRIEVANCES AF	E / NON-GRIEVANCE (REQUEST) REFERF RE THOSE INVOLVING AN IMMEDIATE THREAT TO THI		OF AN INMATE)
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAI	NT:030 ( Jassificate	601	
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if appl	icable):		the first the same of the same
signate if their wifting	22 ca 1/19/16, 1/21/14 and	ofselle agi	nate died not receive
	1 to response. Inmate sta		t know he could
	//REQUEST TO (Example: Superintendent, Cermak Health service		DATE REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:	The suff.	1	10/ 6/10
the Gentany hat	E. Deduce Cios	Deta Med	re Jime
The state of the s			
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
Superintendents of a division/unit must review	w all responses to grievances alleging staff use of	of force staff miscond	uct and emergency grievances
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	DIV. / DEPT.	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applica	ble box): INMATE SIGNATURE (Firma del Preso):		DATE RESPONSE WAS RECEIVED:
GRIEVANCE SUBJECT CODE:	invitate signature (riima dei Preso):		(Fecha en que la respuesta fue recibida):
NON-GRIEVANCE SUBJECT CODE:	- Curry	of his	63115116
INMATE'S	REQUEST FOR AN APPEAL (Solicitud de A	Apelación del Preso)	
* To exhaust administrative remed	ies, appeals must be made within 14 days of the	ne date the inmate rec	ceived the response.
	er sometidas dentro de los 14 días; a partir que e	el preso recibió la resp	
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fed	todas las posibles respuestas administrativa cha de la solicitud del la apelacion del detenido):	as.	
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una			
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Macg Enetten se I	no to try to me	de front	Apl Col 24 fr
ADMINISTRATOR / DESIGN	EE'S ACCEPTANCE OF INMATE'S APPEAL?	Yes (S	i) No
	ptada por el administrador o/su designado(a)?		X
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDA	TION (Decision o recomendacion por parte del administrador o / s	u designado(a)):	ETILS WHE
Enducted on both	14 16 85/14/10. NUMEY	ous solar	S Christopte to
CIDESTILIBATION 2 FATUS	s, martitlentoc	revog.H	GRAMMAT NOT
ADMINISTRATOR / DESIGNEE (Administrator o / su Designado(a	s)): SIGNATURE (Firma del Administrador o / su Des	signado(a)):	DATE (Fecha):
INMATE SIGNATURE (Firma del Preso):	00		VED APPEAL RESPONSE:
noz Tada		(Fecha en que el Pres	o recibio respuesta a su apelacion):

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMALE